#### **MONTANA** 2007 Montana Individual Income Tax Return Form 2M Calendar year income tax return for a Montana resident filing as single, jointly, or head of household. Your first name and initial Amended Last name Deceased Your social security number Return Check the box Spouse's first name and initial Spouse's social security number Last name Deceased above if this is an amended Mailing address City State Zip+4 return. 1. Single 2. Married filing jointly 3. Head of Household Filing Status (check only one box) 4. Resident full year (Only to be used by full-year Montana residents. Nonresidents and part-year residents must use Form 2.) 5a. X Yourself □65 or older Blind Enter number checked ......5a. 5b. Spouse ☐65 or older Blind Enter number checked ......5b. Dependent's first name Last name SSN Relationship Exemptions Enter amounts corresponding to your federal tax return. Round to nearest dollar. If no entry, leave blank. b. Tax-exempt interest. Do not include on line 7a......7b. Federal Adjusted Gross Income b. Qualified dividends......8b. 9. Capital gain or (loss). Attach federal Schedule D if required......9. 10a. IRA distributions......10a. Taxable amount......10b. 11a. Pensions and annuities .......11a. Taxable amount ...... 11b. 13a. Social security benefits......13a. 17 IRA deduction 17 20. Add lines 16 through 19 and enter the result here. This is your total adjustments to income. ......20. 21. Subtract line 20 from line 15 and enter the result here. This is your federal adjusted gross income. ... 21. 22. Interest and municipal fund dividends state, county, or municipal bonds from other states 22 24. Taxable Montana homeowner property tax refund. ......24. 27. Add lines 22 through 26 and enter the result here. This is your Montana additions to federal adjusted 28. Exempt interest and dividends from federal bonds, notes, and obligations. ......28. 31. Partial interest exemption for taxpayers 65 and older. ......31. 34. Subtraction to federal taxable social security/Tier I Railroad Retirement......34. 37. Add lines 28 through 36 and enter the result here. This is your Montana subtractions from federal

38. Add lines 21 and 27, then subtract line 37. This is your Montana adjusted gross income.......38.

| For                                 | m 2   | M, Page 2 - 2007   | Social Sec            | curity Number:     |          |           |             |             | _              |                     |
|-------------------------------------|---|--|-----------------------|--------------------|----------|-----------|-------------|-------------|----------------|---------------------|
|                                     | 39  | Montana adjusted gross incor   |                       |                    |          |           |             | 3           | 9.             |                     |
| шe                                  | 40  | <b>Deductions</b> (Check only one (A) Standard Deduction (see  | •                     | e 18):             | (A)      |           |             |             |                |                     |
| Taxable Income                      |   | (B) Itemized Deductions (from  | · -                   | •                  |          |           | ). <u> </u> |             | $\Box$         |                     |
| ole I                               | 41.   | Subtract line 40 from line 39 a  |                       |                    |          |           |             | 4           | 1.             |                     |
| axal                                | 40  | Exemptions (All individuals a  |                       |                    |          | - 40      | . —         |             | _              |                     |
| Ë                                   |   | . Multiply \$2,040 by the numbe<br>. Subtract line 42 from line 41 a   | -                     |                    |          |           |             | ur taxable  | +              |                     |
|                                     |   | income   |                       |                    |          |           |             | _           | 3.             |                     |
|                                     |   | . Tax from the tax table on page   |                       |                    |          |           |             |             | _              |                     |
| Тах                                 |   | . 2% capital gains tax credit  Subtract line 45 from 44 and 6  |                       |                    |          |           |             | neidont tay | +              |                     |
|                                     |   | after capital gains tax credit   |                       |                    |          |           |             |             | 6.             |                     |
|                                     |   | . Nonrefundable single-year cre  |                       |                    |          |           |             |             |                |                     |
| dits                                |   | Nonrefundable carryover cred   |                       |                    |          |           |             |             |                |                     |
| Credits                             |   | 49. Add lines 47 and 48 and enter the result here. <b>This is your total nonrefundable credits</b> 50. Subtract line 49 from line 46 and enter the result here. If zero or less, enter zero. <b>This is your total</b> |                       |                    |          |           |             |             | 9.             |                     |
| _                                   | 30.   | after nonrefundable credits.   |                       |                    |          |           |             |             | io.            |                     |
| Payments and Offsets                |   | . Montana income tax withheld  |                       |                    |          |           |             |             |                |                     |
|                                     | 52. 2007 estimated tax payments and amounts applied from your 2006 return             |  |                       |                    |          |           |             |             |                |                     |
|                                     |   | . 2007 extension payment from<br>. Refundable credits from Form  |                       |                    |          |           |             |             | 4              |                     |
|                                     |   | . Add lines 51 through 54 and $\epsilon$   |                       |                    |          |           |             | 5           | 5              |                     |
| <u>~</u>                            |   | . Subtract line 55 from line 50.   |                       | -                  |          |           |             |             | _              |                     |
|                                     | 57  | . Interest on underpayment of e  | stimated taxes. (See  | instructions on pa | ge 10.)  | 57        | '. <u> </u> |             |                |                     |
| st,                                 | 58. Late file, late payment penalties and interest. (See instructions on page 10.)58. |  |                       |                    |          |           |             |             | _              |                     |
| ere                                 |   | <ul> <li>Medical Care Savings Accour</li> <li>Enter in boxes 60a through 60</li> </ul>   |                       |                    |          | 59        | 0           |             |                |                     |
| but in                              | 00.   | Nongame Child abuse  |                       |                    |          | f 60a     |             |             |                |                     |
| Penalty, Interest,<br>Contributions |   | wildlife program prevention  | schools               | disease program    | throug   | h         |             |             |                |                     |
| ခြ<br>မ                             |   | 60a. 60b.  | 60c.                  | 60d.               |          | 60        |             |             | $\bot$         |                     |
|                                     | 61.   | Add lines 57 through 60 and 6 contributions.   |                       |                    |          |           |             |             | <sub>i1.</sub> |                     |
|                                     | 62  | . If the amount on line 56 is a n  |                       |                    |          |           |             |             | $\top$         |                     |
| ō                                   |   | amount you owe   | vanua ta nav hv aradi |                    |          |           |             |             | 2.             |                     |
| Amount You Owe or<br>Your Refund    |   | MONTANA DEPARTMENT O   |                       | Card of E-check C  | ппаке    | a check p | payab       | ie to       |                |                     |
| u o j                               | 63  | . If the amount on line 56 is an   |                       |                    |          |           |             |             |                |                     |
| ount You Ow<br>Your Refund          | 64  | on line 61 and enter the result. Enter the amount of line 63 yo  |                       |                    |          |           |             |             |                |                     |
| You Y                               |   | . Subtract line 64 from line 63 a  |                       |                    |          |           |             |             |                |                     |
| Α̈́                                 | ŀ   | f you wish to use direct deposit   | . enter vour RTN# an  | nd ACCT# below. S  | ee instr | ructions. |             |             | _              | Charling            |
|                                     | F   | RTN#   | ACCT#                 |                    |          |           |             |             | <u></u>        | Checking<br>Savings |
| _                                   |   | cable, check appropriate box.  Annualized estimated  | Name, address and     | telephone number   | of paid  | preparer. |             | ☐ Check t   | his bo         | x and attach        |
| _                                   |   | annualized estimated<br>payments.  |                       |                    |          |           |             | а сору с    | of you         | r federal Form      |
|                                     |   | Oo not mail 2008 forms and   |                       |                    |          |           |             | 4868 to     | receiv         | ve your Montana     |

Your signature is required Date Daytime telephone number Spouse's signature Date I declare under penalty of false swearing that the information in this tax return and attachments is true, correct and complete.

May the DOR discuss this return with your tax preparer? No Questions? Call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

SSN, FEIN or PTIN:

instructions.

X

extension.

|                                     | Schedule I - Montana Form 2M Itemized Deductions  Enter your itemized deductions on the corresponding line.                        |              |  |  |  |  |  |  |
|-------------------------------------|--|--------------|--|--|--|--|--|--|
|                                     | This schedule should be filed with your Montana Form 2M.   |              |  |  |  |  |  |  |
|                                     | 1. Medical and dental expenses1.   |              |  |  |  |  |  |  |
| ical and<br>Expenses                | 2. Enter amount from Form 2M, line 392.  |              |  |  |  |  |  |  |
| an                                  | 3. Multiply line 2 by 0.075 (7.5%)   | 7            |  |  |  |  |  |  |
| Exp                                 | 4. Subtract line 3 from line 1 and enter result here but not less than zero. <b>This is your deductible</b>                        |              |  |  |  |  |  |  |
| Medical and<br>ental Expens         | medical and dental expense subject to 7.5% of Montana AGI.   |              |  |  |  |  |  |  |
| Medi<br>Dental                      | 5. Medical insurance premiums not deducted elsewhere on your tax return  | j            |  |  |  |  |  |  |
|                                     | 6. Long term care insurance premiums not deducted elsewhere on your tax return   | i.           |  |  |  |  |  |  |
|                                     | Complete lines 7a through 7d reporting your total federal income tax paid in 2007 before completing line 7e.                       | <del>_</del> |  |  |  |  |  |  |
|                                     | 7a. Federal income tax withheld in 20077a.   |              |  |  |  |  |  |  |
| Б                                   | 7b. Federal estimated tax payments paid in 20077b.   |              |  |  |  |  |  |  |
| Pa                                  | 7c. 2006 federal income taxes paid in 20077c.  |              |  |  |  |  |  |  |
| ŢĢ.                                 | 7d. Other back year federal income taxes paid in 2007  |              |  |  |  |  |  |  |
| Taxes You Paid                      | 7e. Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are filing single, or head of                  |              |  |  |  |  |  |  |
| aX.                                 | household, or \$10,000 if filing a joint return with your spouse. <b>This is your federal income tax deduction</b> .76             |              |  |  |  |  |  |  |
|                                     | 8. Real estate taxes paid in 2007.   |              |  |  |  |  |  |  |
|                                     | 9. Personal property taxes paid in 2007.   |              |  |  |  |  |  |  |
|                                     | 10. Other deductible taxes. List type and amount:  |              |  |  |  |  |  |  |
| je<br>Bid                           | 11. Home mortgage interest and points reported to you on federal Form 1098   | •            |  |  |  |  |  |  |
| Ę.                                  | you bought the house, provide name, SSN, and address:  |              |  |  |  |  |  |  |
| ζ                                   | you sought the house, promae hame, cert, and address   |              |  |  |  |  |  |  |
| Interest You Paid                   | 13. Points not reported to you on federal Form 1098  |              |  |  |  |  |  |  |
| ere                                 | 14. Qualified mortgage insurance premiums14  |              |  |  |  |  |  |  |
| Ξ                                   | 15. Investment interest. Attach federal Form 4952  |              |  |  |  |  |  |  |
|                                     | 16. Contributions made by cash or check during 2007  |              |  |  |  |  |  |  |
| Gifts                               | 17. Contributions made other than by cash or check   |              |  |  |  |  |  |  |
| G                                   | 18. Contribution carryover from the prior year18   |              |  |  |  |  |  |  |
|                                     | 19. Child and dependent care expenses. Attach Montana Form 2441M19   |              |  |  |  |  |  |  |
|                                     | 20. Casualty and theft loss(es). Attach federal Form 4684  |              |  |  |  |  |  |  |
| - "                                 | 21. Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ .21.   | 1            |  |  |  |  |  |  |
| nd Certain<br>eductions             | 22. Other expenses. List type and amount:  | 7            |  |  |  |  |  |  |
| Ser                                 | 22.  |              |  |  |  |  |  |  |
| nd (                                | 23. Add lines 21 and 22 and enter the result here23.   | 7            |  |  |  |  |  |  |
| and<br>S De                         | 24. Enter the amount on Form 2M, line 39 here24.   | 7            |  |  |  |  |  |  |
| ses                                 | 25. Multiply line 24 by 0.02 (2%) and enter the result here25.   | 7            |  |  |  |  |  |  |
| oen<br>ane                          | 26. Subtract line 25 from line 23 and enter the result here, but not less than zero  | i.           |  |  |  |  |  |  |
| E X                                 | 27. Political contributions (limited to \$100 per taxpayer)  | ·.           |  |  |  |  |  |  |
| Job Expenses an<br>Miscellaneous De | 28. Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount:   |              |  |  |  |  |  |  |
| ⊃ ≥                                 | 28   | 3.           |  |  |  |  |  |  |
| _                                   | 29. Add lines 4 through 6; 7e through 20; and 26 through 28 and enter the result here  | ).           |  |  |  |  |  |  |
| Total Itemized<br>Deductions        | If the amount on Form 2M, line 39 is more than \$156,400 complete Worksheet VI - Itemized Deduction                                |              |  |  |  |  |  |  |
| emi                                 | Worksheet, otherwise enter zero on line 30.  |              |  |  |  |  |  |  |
| duc                                 | 30. Enter the amount from the itemized deduction Worksheet VI, line 11. This is the amount of your non-allowed itemized deductions | ,            |  |  |  |  |  |  |
| ota<br>De                           | 31. Subtract line 30 from line 29 and enter the result here and on Form 2M, line 40. <b>These are your allowable</b>               |              |  |  |  |  |  |  |
| _                                   | itemized deductions.   |              |  |  |  |  |  |  |

| Form 2N | l. Page 4 | 4 - 2007 |
|---------|-----------|----------|
|---------|-----------|----------|

| Social | Security | Number: |  |  |
|--------|----------|---------|--|--|
|        |          |         |  |  |

| Schedule | II - | Montana    | Form 2M      | Tax ( | Credits |
|----------|------|------------|--------------|-------|---------|
| Ochedule | -    | withitalia | I CIIII ZIVI | IUAN  | JIGUILO |

Enter your Montana tax credits on the corresponding line.
File Schedule II with your Montana Form 2M.

| Nonrefundable credits th | nat are single-year | credits and HAVE NO | carryover provision |
|--------------------------|---------------------|---------------------|---------------------|
|--------------------------|---------------------|---------------------|---------------------|

| 1. College contribution credit. Attach Form CC   |   |
|--|---|
| 2. Energy conservation installation credit. Attach Form ENRG-C                                   |   |
| 3. Elderly care credit. Attach Form ECC  |   |
| 4. Developmental disability account contribution credit  |   |
| 5. Add lines 1 through 4 and enter the result here and on Form 2M, line 47. These are your total |   |
| nonrefundable single-year credits  | . |

### Nonrefundable credits that HAVE a carryover provision that allow you to carry forward the unused portion of your credit to future tax years.

| 6. Alternative energy systems credit. Attach Form ENRG-B6.   |  |
|--|--|
| 7. Adoption credit. Attach federal Form 88397.   |  |
| 8. Add lines 6 and 7 and enter the result here and on Form 2M, line 48. These are your total nonrefundable |  |
| carryover credits8.  |  |

## Refundable credits are applied against your income tax liability with any remaining balance refunded to you.

| 9.  | Elderly homeowner/renter credit. Attach Form 2EC9.  | -  |  |
|-----|---|----|--|
| 10. | . \$140 Homeowner income tax credit for property taxes. See instructions on page 1610.                | ٠. |  |
| 11  | Add lines 9 and 10 and enter the result here and on Form 2M, line 54. These are your total refundable | Г  |  |

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### **Montana Tax Credits**

We have listed eight credits that can be used when filing Montana Form 2M. However, the Montana legislature has authorized 30 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 30 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 45) you are not required to apply any of these eight tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2007 resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2007 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credit can be used to offset your 2007 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2007 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

|                                |              | 200                                   | 7 Montar        | na Indivi          |
|--------------------------------|--------------|---------------------------------------|-----------------|--------------------|
| If your taxable income is over | but not over | Multiply<br>your taxable<br>Income by | and<br>subtract | equals<br>your tax |
| \$0                            | \$2,500      | 0.010                                 | \$0             |                    |
| \$2,500                        | \$4,400      | 0.020                                 | \$25            |                    |
| \$4,400                        | \$6,600      | 0.030                                 | \$69            |                    |
| \$6,600                        | \$9,000      | 0.040                                 | \$135           |                    |

| u | iai income fax fable           |              |                                       |                 |                    |  |  |  |  |
|---|--------------------------------|--------------|---------------------------------------|-----------------|--------------------|--|--|--|--|
|   | If your taxable income is over | but not over | Multiply<br>your taxable<br>Income by | and<br>subtract | equals<br>your tax |  |  |  |  |
|   | \$9,000                        | \$11,600     | 0.050                                 | \$225           |                    |  |  |  |  |
|   | \$11,600                       | \$14,900     | 0.060                                 | \$341           |                    |  |  |  |  |
|   | \$14,900 or                    | more         | 0.069                                 | \$475           |                    |  |  |  |  |

For example: Taxable income \$4,500 X 0.030 (3%) = \$135. \$135 minus \$69 = \$66 tax.